

MR.RC AND ABI GENERAL REQUIREMENTS

Medicaid Enrollment-DHS/DSPD Certification

- A. The Contractor shall be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. The Contractor shall also agree to participate in any Utah Department of Health or DHS/DSPD provided Medicaid training.
- B. The Contractor shall have all applicable licenses as prescribed in Utah Administrative Code, Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and shall comply with insurance requirements and any local ordinances or permits.
- C. The Contractor shall be certified by DHS/DSPD to provide services not covered by applicable license as prescribed by Utah Administrative Code, Rule R501 <http://rules.utah.gov/publicat/code/r501/r501.htm>
- D. The Contractor shall be under contract with DHS/DSPD.

General Staff Training Requirements

- A. Unless otherwise specified, all direct care and supervisory staff shall be at least 18 years of age. All direct care and direct care supervisory staff shall receive “general staff training.” General training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions (MR.RC) and acquired brain injury (ABI).
- B. Staff shall complete and achieve competency in general training areas 1 through 12 within 30 days of employment or before working alone with a person. Staff shall complete and achieve competency in general training areas 13 through 18 within six (6) months of employment. Staff competency in general training areas may be validated through reviews conducted by Center for Medicaid Services, Utah Department of Health and DHS/DSPD.
 - 1. Emergency Procedures, when to call 911 because of emergency, incident reporting, when to call a doctor or hospital and orientation to seizure disorders.
 - 2. Catastrophic Emergency and Civil Crisis Procedures.
 - 3. Positive Behavior Supports.
 - 4. Legal Rights of Persons with Disabilities.

5. Abuse, Neglect, and Exploitation.
 6. DHS Provider Code of Conduct.
 7. Confidentiality.
 8. Orientation to Persons with Mental Retardation and Related Conditions (MR.RC), or Acquired Brain Injury (ABI).
 9. Identification of medications and medication side effects specific to the person receiving supports, including self-medication administration and documentation. This may include competency in where to find the pertinent information.
 10. Prevention of communicable diseases. <http://www.osha.gov/index.html>
 11. Knowledge about the disability, and the required support and strengths of the person the employee is to support.
 12. Protective Services reporting.
 13. The use of non-aversive techniques as a first response in behavioral crisis prevention and intervention.
 14. If the person receiving services is likely to engage in aggressive, self-injurious or destructive behavior, certification is required in the following: Supports Options and Actions for Respect (SOAR), System for Managing Non-Aggressive and Aggressive People (MANDT), Professional Assault Response Training (PART) or other DHS/DSPD approved interventions.
 15. DHS/DSPD rules, philosophy, mission, and beliefs.
 16. The Contractor's policy, philosophy, and mission.
 17. Key elements of the Americans with Disabilities Act.
 18. Emergency procedures such as First Aid and CPR, including the Heimlich maneuver or other common rescue maneuvers.
- C. In the second and subsequent years of employment, staff shall complete a minimum of 12 hours of training each year. The Contractor operating licensed facilities shall train staff in behavior management each year per Utah Administrative Code, Rule, DHS, Office of Licensing, Rule R501-2-7. <http://rules.utah.gov/publicat/code/r501/r501-02.htm#T7>

Specific Staff Training Requirements

The Contractor is responsible to provide additional specific staff training as prescribed in each service description.

Administrative Requirements

- A. **Personnel Policies and Procedures:** The Contractor shall have established personnel policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:
1. Include written job descriptions for all positions including volunteer positions with ongoing involvement (each job description shall include the specific knowledge, skills, abilities and educational requirements necessary to qualify for the position).
 2. Provide for the documented evaluation of staff performance on at least an annual basis.
 3. If a staff member has physical, emotional, or a mental condition that could interfere with the performance of assigned duties/essential functions of the job, or jeopardize the well-being of persons receiving services, the Contractor shall prohibit the staff member from providing services and supports until the Contractor is provided with documentation that the condition is resolved to the satisfaction of a licensed physician or other appropriate professional.
- B. **Operating Policies and Procedures:** The Contractor shall have established operating policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:
1. Include a mission statement and objectives, as defined by the Contractor.
 2. Identify the specific population being served.
 3. Describe each of the services offered by the Contractor and how they will be delivered.
 4. Clearly define staff and supervisory responsibilities during all hours of operation.
 5. Explain that staff who provide transportation for persons receiving services through this contract are subject to annual verification and/or review of the driver's license, driving record, and auto insurance coverage.
 6. Provide for necessary staff training on a regular basis.
 7. Provide for the receipt and resolution of personal grievances.

8. Include emergency procedures for handling the injury, illness, or death of a person and instructions about when and how to notify the DHS/DSPD Region Office.
 9. Address the management of each person's finances and ensure that all personal funds and property managed by the Contractor are released at the time of discharge, or at the request of the person or the person's representative, after outstanding bills are paid, in compliance with all currently in force regulations and policies of the Social Security Administration.
 10. Include a statement that the Contractor's fiscal policies ensure that any benefits realized by the Contractor as a result of agreements with federal, state, county, city or other agencies to use residential and day training sites, were used to specifically benefit persons enrolled in DHS/DSPD services and referred to the Contractor by DHS/DSPD.
 11. Provide procedures regarding behavior support plans and behavioral intervention procedures that comply with Utah Administrative Code, Rule R539-4.
- C. Quality Monitoring Process: The Contractor shall cooperate with all DHS/DSPD quality requirements. In addition, the Contractor shall have an internal quality monitoring process that may be externally validated by DHS/DSPD. At a minimum, this process shall include the following:
1. An agency self-assessment or accreditation process for DHS/DSPD funded services.
 2. An established method for responding to concerns identified in the Contractor's internal monitoring and feedback processes.
 3. An established method for responding to and/or correcting within specified timeframes, any areas needing improvement or any areas of non-compliance noted by DHS/DSPD.
 4. Deficiencies in Quality: The Contractor shall respond within fifteen (15) working days after the notification of quality deficiencies. The Contractor shall respond to each identified deficiency, including proposed method of correction, task assignments, and supervision. The Contractor shall submit response to corrective action within the timeframe specified by DHS/DSPD.
 5. If the Contractor's response is determined unacceptable by DHS/DSPD, the Contractor shall submit a revised plan of correction within five (5) working days.
 6. If a revised plan of correction is unsatisfactory, DHS/DSPD may initiate sanctions pursuant to Utah Code § 62A-5-103(2)(i), which can be found

at: <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm> The Contractor may appeal sanctions to the DHS/DSPD Director.

- D. Human Rights Plan: The Contractor delivering direct services or supports to persons is responsible to ensure that the Contractor Human Rights Plan is developed and an MR/RC-ABI Human Rights Committee established. The Contractor's Agency Human Rights Plan shall identify:
1. Procedures for training persons and staff on person's rights;
 2. Procedures for prevention of abuse and rights violations;
 3. Process for restricting rights when necessary;
 4. Review of supports that have high risk for rights violations;
 5. Responsibilities of the Contractor's Agency Human Rights Committee including the review of rights issues related to the supports the Contractor provides and give recommendations to the person and the person's Support Team.

All persons and staff shall have access to the Contractor's Human Rights Committee.

- E. Protective Service Investigations:
1. The Contractor shall cooperate in all DHS Protective Service Investigations. If a DHS/DSPD person in residential services alleges abuse or neglect by a member of the Contractor's staff, the Director of the contracting agency shall be notified of the allegation and further placements at that site shall be suspended until the investigation is completed and a determination made with regard to the allegations.
 2. Unless superseded by a recommendation from protective services, if an allegation is made against a staff person, the staff person involved shall not be allowed any unsupervised contact with persons until the investigation is completed and a determination is made with regard to the allegations.
- F. Fatality Notifications: The Contractor shall notify the person's family, Support Coordinator and DHS/DSPD Region Director within 24 hours of first knowledge of the death of a person receiving support services.
- G. Fatality Reviews: The death of a DHS/DSPD person who meets one or more of the criteria below is subject to a DHS fatality review. The Contractor shall follow the DHS fatality review process upon the death of any person who meets the following criteria:

1. Person resided at a facility/program owned or operated by the Contractor providing Residential Habilitation.
 2. Person lived outside the family home and received support services within 12 months prior to the date of death.
 3. Person lived at home and died while receiving a DHS/DSPD funded service such as Day Support, Supported Employment, or Respite Care.
 4. Any person whose death the DHS/DSPD Director requests be reviewed.
- H. DHS Provider Code of Conduct: The Contractor and the Contractor's staff are required to be familiar with and abide by the DHS Provider Code of Conduct policy prohibiting the abuse or neglect of persons with disabilities. Copies of this policy shall be maintained at each program site and annually each employee shall sign a statement acknowledging that they have read it. The DHS Provider Code of Conduct may be found at www.hspolicy.utah.gov/
- I. Contractor Board
1. The Contractor acting as a non-profit organization shall have a Board to assure a high quality of program standards, effective program administration, and continuing program development as required by Utah Code § 16-6a, Nonprofit Corporations.
http://www.le.state.ut.us/~code/TITLE16/16_02.htm
 2. It is recommended that the Contractor appoint several persons and/or advocates of persons who receive supports as board members.
 3. As allowed by the Internal Revenue Service and Utah Code, the Contractor's staff and/or relatives of the Contractor's staff may serve on the Board, but shall not make up a majority of the membership or Board quorum.
- J. Volunteers
1. A volunteer working in a volunteer position can supplement regular staff but cannot replace paid staff hours.
 - a. Friends of the person receiving supports, or anyone else selected by the person as a partner in activities (such as natural supports, scouts, church groups, etc), are not defined as volunteers.
 - b. The person's legal representative shall provide written permission for a volunteer to take a person overnight.
 2. The Contractor shall assure that volunteers who work on a regularly scheduled basis within the Contractor's facility fulfill the following training requirements prior to providing support for persons under the care of the Contractor.
 - a. Orientation to the person(s).
 - b. Requirements for reporting abuse and protecting human rights.
 - c. Confidential nature of information on persons with disabilities.

- d. Emergency procedures to follow if approved to work alone with the person.
- e. Documentation of training and proficiency the volunteer has to carry out in performing the assigned tasks.
- f. The Contractor's policies and procedures.

K. Staff Qualifications

In accordance with Utah Code §§ 62A-2-121, 62A-2-122, and 62A-4-116.2, direct-care service workers working in an employment or volunteer capacity shall pass a Bureau of Criminal Identification (BCI) background check conducted by the DHS, Office of Licensing annually. Any direct-care service worker or volunteer who has lived outside the State of Utah for a period greater than 4 weeks during the preceding five (5) years, shall pass a Federal Bureau of Investigation Nationwide Criminal Background check consistent with current DHS, Office of Licensing requirements.
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

L. Provider Agency or Staff as Guardian

Provider staff shall not become the legal guardian of any person receiving services under this Contract. This is a conflict of interest and a violation of the DHS Provider Code of Conduct.

Supervisory Requirements:

A. Incident Reports:

Within 24 hours of any incident requiring a report, the Contractor shall notify both the DHS/DSPD Support Coordinator and the person's Guardian by phone, email, or fax.

Within five (5) business days of the occurrence of an incident, the Contractor shall complete a DHS/DSPD Form 1-8 Incident Report and file it with the DHS/DSPD Support Coordinator at the DHS/DSPD Region Office. However, the mandatory reporting requirements of Utah Code § 62-A-3-301 through 321 for adults and, Utah Code §§ 62-4a-401 through 412 for children always take precedence. Therefore, in the case of actual or suspected incidents of abuse, neglect, exploitation, or maltreatment of an adult, the Contractor shall immediately notify Adult Protective Services intake or the nearest law enforcement agency, and shall immediately notify the Division of Children and Family Services Child Protective Services intake or the nearest peace officer, law enforcement agency in a case involving a child.

The following situations are incidents that require the filing of a report:

1. Actual or suspected incidents of abuse, neglect, exploitation, or maltreatment per the DHS/DSPD Code of Conduct and Utah Code §§ 62-A-3-301 through 321, which can be found at <http://www.le.state.ut.us/~code/TITLE62A/62A03.htm> for adults; and, Utah Code §§ 62-4a-401 through 412 for children, which can be found at <http://www.le.state.ut.us/~code/TITLE62A/62A04.htm>.

2. Drug or alcohol abuse, medication overdoses or errors reasonably requiring medical intervention,
3. Missing person,
4. Evidence of seizure in a person with no existing seizure diagnosis,
5. Significant property destruction (damage totaling \$500.00 or more). Property damage shall be covered by the Contractor's insurance unless it is agreed upon by the person's team that the person shall pay for damages,
6. Physical injury reasonably requiring a medical intervention,
7. Law enforcement involvement,
8. Any use of manual restraint, mechanical restraints, exclusionary time-out or time-out rooms as defined in Utah Administrative Code, Rule R539-4, and level II emergency interventions not outlined in the person's behavioral plan (e.g., response cost, overcorrection).
<http://rules.utah.gov/publicat/code/r539/r539.htm>
9. Any other instances the Contractor determines should be reported.

After receiving an incident report, the DHS/DSPD Support Coordinator shall review the report and decide if further review is warranted.

B. Record Keeping:

Personnel Records: The Contractor shall maintain the personnel files for all employees or contracted employees otherwise associated with the Contractor. The files shall include the employees and contractors:

1. Application (including name, address, and telephone number),
2. References (including documentation that at least 2 references were checked),
3. Background check clearance from DHS, Office of Licensing and, if applicable, a BCI release form,
4. Signed DHS Provider Code of Conduct,
5. Record of training and competency test methods and results,
6. Copies of educational transcripts and degrees (if transcripts and degrees are used by the Contractor to prove competency),

7. Copies of W-4(s),
8. Copy of I-9,
9. Copy of valid driver's license, or state identification card, and Social Security Card, and
10. Evidence of a negative test on Tuberculosis (TB) test conducted within one year of the date of hire, or negative chest X-ray results if a previous TB test is positive.

Person's Records: The Contractor shall maintain separate records for each person served. All records are the property of DHS/DSPD and the State of Utah and shall be furnished to DHS/DSPD upon request. A person's records shall include the following information as applicable:

1. The person's name, address, phone number, birth date, identification number and Medicaid number; name and address of sponsor or owner of facility providing services; Support Coordinator's name, address and phone number. (The Contractor shall make contact with the Support Coordinator accessible to the person at all times.),
2. A photograph of the person,
3. The name, address, and phone number of the person's representative,
4. The names of emergency contacts and instructions on how to contact them,
5. The name and phone number of the person's primary care physician, medical specialist and medical insurance, if any,
6. A copy of the person's social history and psychological evaluation (when provided by DHS/DSPD),
7. Documentation of behavioral or other incidents such as property damage,
8. The person's current action plan with the Contractor's support strategies and records documenting the implementation of those strategies (e.g., monthly summaries, attendance records, and service records identifying the service rendered, the name of the person providing the service, the location where services were rendered and the date and number of hours rendered.),

9. The person's admission and termination dates, sponsorship (DHS/DSPD or private), paybacks related to the person, and reimbursement requests (Forms 520, and 1032). These records shall be maintained for five years from the date of discharge,
10. Human Rights Committee and Behavior Peer Committee documentation, guardianship and other pertinent legal documents,
11. A record of all incidents and protective service investigations documented in accordance with DHS requirements,
12. A written agreement signed and dated by the person or the person's representative **prior** to the delivery of services that identifies:
 - a. All of the costs and fees that shall be charged by the Contractor for care and services, including any extra costs such as personal items that may be incurred,
 - b. The person's obligations regarding the payment of such charges,
 - c. The Contractor's refund policy,and
13. A statement signed by the person and/or the person's representative verifying that the Contractor both explained to the person and provided him/her with a copy of its grievance policy and procedures,

Medicaid Records: The Contractor providing Medicaid reimbursed home and community-based waiver services shall document all direct services provided as identified below:

1. The name of the person served,
2. The name of the person, who delivered the service,
3. The specific service provided,
4. The date the service was rendered,
5. The amount of time spent delivering the service, and
6. Progress notes describing the person's response to the service [e.g., progress or the lack of progress as documented in the monthly summaries and/or progress notes].

All Medicaid service records shall be made available for State or Federal audit and review purposes within 24 hours of request.

Operational Records: The Contractor shall maintain the following records where applicable:

1. Documentation of compliance with zoning, life safety, health, and fire inspections as required for licensure where applicable.
2. Copies of contracts or agreements with DHS/DSPD and other agencies or professionals in the community the Contractor regularly uses to provide services to persons.
3. Records of operational costs and revenue according to general accounting principles.

C. Reports: The Contractor shall submit the reports listed below by the specified due date. If required reports and billings are not submitted in a timely manner, payment may be denied.

DOCUMENT	DUE DATE
Incident Report	Five business days after the event.
Support Strategies	30 days after the Action Plan is received.
Monthly Summary	15 days after the end of the month.
520 Billings	30 days after the receipt of the DHS/DSPD generated 520 billings.
Labor Usage Report	October 31: For 7/1 thru 9/30 January 31: For 10/1 thru 12/31 April 30: For 1/1 thru 3/31 July 31: For 4/1 thru 6/30
Reconciled Representative Payee Report	45 days after the end of the month.
Response to DHS/DSPD Corrective Action	Major deficiency: within 24 hours of notification. Significant deficiency: within 10 days of notification. Minor deficiency: within 30 days of notification.

D. Person's Discharge Procedure

1. If the Contractor initiates a request for discharge, it may require up to 30-days prior notification to the person, depending on the Support Coordinator's request. The DHS/DSPD Region Director may require the Contractor to continue supports for 90-days to maintain person health and safety. The Contractor may appeal this extension to the DHS/DSPD Director.
2. The Contractor shall submit a discharge summary to the Support Coordinator at the time of discharge. The summary shall include:
 - a. Reason for termination.
 - b. Summary of services provided.
 - c. Evaluation of the person's strengths, interests, needs, achievement of goals, and objectives.

- d. The signature and title of the Contractor's staff preparing the summary.

E. Split Billing

The Contractor shall split days of service on the Form 520 billings when the person is in the hospital. The Contractor cannot bill for any days during which the person is in the hospital, including the date of admission. The Contractor may bill and be paid for the date of the person's discharge, at the Contractor's discretion, if at least one half-day of services is provided. See also Utah Medicaid Hospital Policy at <http://www.health.utah.gov/medicaid/tree/index.html>.